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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appln. No. : 10/065,278 Confirmation No. 5691
Applicants : Leung et al.
Filed : September 30, 2002
Art Unit : 3731
Examiner: : Glen Dawson
Docket No. : 013341.000021
Customer No. : 24239
Title : BARBED SUTURE IN COMBINATION WITH SURGICAL NEEDLE

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT A

Sir:

This is responsive to the Office Action dated July 27, 2004, and having a 3-month term that expired on October 27, 2004. Accordingly, a Petition for a 3-month extension and the requisite Petition fee are enclosed to extend the term up to and including **January 27, 2005**.

Please amend the above-identified application as follows:

Amendments to the Specification begin on page 2 of this paper.

Amendments to the Claims are reflected in the listing of claims which begins on page 8 of this paper.

Amendments to the Drawings begin on page 18 of this paper and include additional drawing sheets 9, 10, and 11.

Remarks/Arguments begin on page 19 of this paper.


Additional Sheets 9, 10, and 11 of drawings are attached following page 37 of this paper.

02/02/2005 SDENB081 00000026 10065278

02 FC:1202 900.00 OP
03 FC:1201 1200.00 OP

<p>Effective on 12/08/2004</p> <p>ees pursuant to the Consolidated Appropriations Act 2005 (H.R. 4818)</p> <p>FEE TRANSMITTAL</p> <p>For FY 2005</p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</p>		<p>Complete if Known</p> <table border="1"> <tr> <td>Application Number</td> <td>10/065,278</td> </tr> <tr> <td>Filing Date</td> <td>September 30, 2002</td> </tr> <tr> <td>First Named Inventor</td> <td>Jeffrey C. Leung</td> </tr> <tr> <td>Examiner Name</td> <td>Glen Dawson</td> </tr> <tr> <td>Art unit</td> <td>3731</td> </tr> <tr> <td>Attorney Docket No.</td> <td>013341-000021</td> </tr> </table>		Application Number	10/065,278	Filing Date	September 30, 2002	First Named Inventor	Jeffrey C. Leung	Examiner Name	Glen Dawson	Art unit	3731	Attorney Docket No.	013341-000021
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<p>TOTAL AMOUNT OF PAYMENT</p>		<p>3,120.00</p>													

METHOD OF PAYMENT (check all that apply)							
<input checked="" type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> None	<input type="checkbox"/> Other (please identify): _____			
<input checked="" type="checkbox"/> Deposit Account	Deposit Account Number: <u>13-4365</u> Deposit Account Name: <u>Moore & Van Allen PLLC</u>						
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)							
<input type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee						
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s)	<input checked="" type="checkbox"/> Credit any overpayments						
under 37 CFR 1.16 and 1.17							
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.							
FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
	FILING FEES		SEARCH FEES		EXAMINATION FEES		
		Small Entity		Small Entity		Small Entity	
Application Type	Fee(\$)	Fee(\$)	Fee(\$)	Fee(\$)	Fee(\$)	Fee(\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	300	300	150	160	80	_____
Reissue	300	500	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____
2. EXCESS CLAIM FEES							
Fee Description						Small Entity	
						Fee(\$)	Fee(\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent						50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent						200	100
Multiple dependent claims						360	180
Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims			
<u>54</u> - 20 or HP = <u>18</u>	x	<u>50.00</u>	=	<u>900.00</u>	Fee (\$)	Fee Paid (\$)	
HP = highest number of total claims paid for, if greater than 20							
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)				
<u>12</u> - 3 or HP = <u>6</u>	x	<u>200.00</u>	=	<u>1,200.00</u>			
HP = highest number of independent claims paid for, if greater than 3							
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)			
<u> </u> - 100 = <u> </u>	/50 = <u> </u>	(round up to a whole number) x <u> </u>	= <u> </u>				
4. OTHER FEES							
Non-English Specifications,		\$130 fee (no small entity discount)					
Other: _____		_____					

SUBMITTED BY			
Signature		Registration No. 30,687 (Attorney/Agent)	Telephone 919-286-8000
Name (Print/Type)	Jennifer L. Skord		Date January 27, 2005

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. **SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.**

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